

Docket No. 68811-A/JPW/GJG/MLIN THE UNITED STATES PATENT AND TRADEMARK OFFICEApplicant(s) : Sharon Cohen-Vered et al.Serial No. : 10/758,397 Examiner: M. AudetFiled : January 14, 2004 Group Art Unit: 1654For : PARENTERAL FORMULATIONS OF PEPTIDES FOR THE TREATMENT OF  
SYSTEMIC LUPUS ERYTHEMATOSUSMail Stop Amendment  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450Date: January 17, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

\_\_\_\_\_ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	21 -	* 22 =	*** 0 x	\$25	\$50	=	0
Indepen-dent Claims	2 -	** 3 =	*** 0 x	\$105	\$210	=	0
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No				\$185	\$370	=	0
				TOTAL ADDITIONAL FEE		\$ 0	

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

Applicant(s) : Sharon Cohen-Vered et al.

Serial No. : 10/758,397

Filed : January 14, 2004

Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of  
\$ 1,050.00 for a Petition for 3 Month(s) Extension of Time

☐ Other (identify): \_\_\_\_\_

THE TOTAL FEE DUE IS \$ 1,050.00.

☒ A check in the amount of \$ 1,050.00 is enclosed.

☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of  
\$ \_\_\_\_\_.

☒ The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:

☒ Fees under 37 C.F.R. §1.16 for the presentation of extra claims  
☐ Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,

I hereby certify that this  
correspondence is being deposited this  
date with the U.S. Postal Service with  
sufficient postage as first class mail  
in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.  
Gary J. Gershik 1/17/08  
Gary J. Gershik Date  
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